

STATE OF ARKANSAS
DEPARTMENT OF FINANCE & ADMINISTRATION
MOTOR FUEL TAX SECTION
P. O. BOX 1752 LITTLE ROCK, AR 72203-1752
PHONE (501) 682-4800

LICENSED LPG SUPPLIER

<input type="checkbox"/> CHECK HERE IF FILING AMENDED REPORT	<input type="checkbox"/> CHECK IF THIS IS A FINAL REPORT								
NAME	ACCOUNT NUMBER								
P O BOX	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 12.5%;">0</td> <td style="width: 12.5%;">0</td> <td style="width: 12.5%;">0</td> <td style="width: 12.5%;">0</td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>	0	0	0	0				
0	0	0	0						
STREET	FEIN								
CITY STATE AND ZIP	19 YEAR MONTH NUMERICAL <table style="display: inline-table; margin-right: 20px;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> <table style="display: inline-table; margin-right: 20px;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> REPORT MONTH								
	PHONE NUMBER ()								

FOLLOW INSTRUCTIONS ON REVERSE SIDE OF THIS FORM IN PREPARING REPORT

1. GALLONS RECEIVED IN ARKANSAS TAX UNPAID (FORM R SCHEDULE TYPE 2).....	
2. AUTHORIZED EXEMPT SALES (FORM D SCHEDULE TYPE 10G).....	
3. ARKANSAS TAXABLE GALLONS	
4. TAX DUE (LINE 3 X .165).....	
5. CREDIT FROM PRIOR MONTH (S) (OVER\$1.00).....	
6. TOTAL REMITTED OR CREDIT (EFT TAX TYPE 05500).....	

I, The Undersigned, hereby declare under penalties of law that the information provided above is true and correct to the best of my knowledge.

CHECK ONE : REFUND_____ CREDIT_____

SIGNATURE_____

DATE_____

General Instructions for Licensed LPG Supplier Form

Every licensed supplier shall on or before the 25th day of each calendar month, file with the Commissioner of Revenue a report accounting for all motor fuels handled during the preceding month. Even when an account has **NO** activity.

All reports are to be postmarked by the 25th of the month. Any report received with a U. S. postmark after the 25th or any EFT payment made after the EFT due date will be considered delinquent and applicable penalties will be assessed. Payment for amended reports and assessments are to be made by check.

All supporting schedules must contain detail information for each line and column. Supporting schedules are not required to be filed with no activity reports.

Arkansas Tax Code § 26-18-506(b) requires every supplier to keep for a period of six years records, books, and original documents showing all purchases, receipts, losses, sales distribution and use of motor fuels. These records are subject to examination by the Director or his Agent at any reasonable time.

INSTRUCTIONS FOR FILING REPORT

- LINE 1. Total gallons for vehicle consumption. Form R schedule Type 2.
- LINE 2. All bulk and individual sales to flat fee users. Form D Schedule type 10G.
- LINE 3. Sales to Non-Arkansas registered vehicle and fuel placed in LPG supplier vehicle.
- LINE 4. Tax Due. Multiply line 3 by the appropriate tax rate.
- LINE 5. Enter credit from prior month(s) over \$1.00.
- LINE 6. Total tax remitted. If credit due check due check refund or credit. Mail all reports to:

Department of Finance and Administration
P. O. Box 1752
Little Rock, AR 72203-1752